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CONFIRMATION NO. 4279

SERIAL NUMBER 10/664,540	FILING OR 371(c) DATE 09/18/2003 RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. 1671-0270/DEP- 5109	
APPLICANTS Jeffrey Roose, Milford, IN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/09/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
ADDRESS 27777					
TITLE CUSTOMIZED PROSTHESIS AND METHOD OF DESIGNING AND MANUFACTURING A CUSTOMIZED PROSTHESIS BY UTILIZING COMPUTED TOMOGRAPHY DATA					
FILING FEE RECEIVED 1596	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		